



Request for Information per Jonathan’s Law-Chapter 24

As required by Jonathan’s Law, Chapter 24, enacted May of 2007, a guardian, parent, spouse, adult child, or adult sibling of the person receiving services may request a copy of the initial incident report with the names removed, a meeting to discuss the incident and the final disposition of a reportable incident. Persons receiving services, who are their own guardian, may request their own information. **All requests must be in writing via completion of this form.**

As indicated in Jonathan’s Law, the agency is required to provide, to a qualified requestor, the OPWDD 148 form, a report on actions taken to ensure the safety and well-being of the person receiving services, within 10 days of the incident occurrence/discovery.

Please indicate below the options that you are requesting by **checking the appropriate box(es) and completing the highlighted information.**

Individual’s Name: _____ **Date of Incident:** _____

Options - Check the appropriate box(es):

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am requesting a copy of the <u>incident report</u> with the names removed <i>(mailed within 10 days after Agency’s receipt of Request for Information form)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | I am requesting a <u>meeting</u> to discuss the incident with Quality Assurance/ Administration Representative <i>(scheduled within 10 days after Agency’s receipt of Request for Information form)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | I am requesting <u>final dispositions and actions</u> taken for the reportable incident after the Incident Review Committee has closed the case <i>(If request is prior to case closure, mailed within 21 days of closure. If request is after case closure, mailed within 21 days after Agency’s receipt of Request for Information form).</i> |

Requestor Name: _____ **Relationship:** _____

Requestor Address: _____

Requestor Phone Number: () _____

Please mail the completed form to the address below:

Attention: QA Department
Oswego Industries/The Arc of Oswego County
7 Morrill Place
Fulton, NY 13069